

	<b>Motor Cargo</b> GENERAL OFFICE P.O. BOX 2351 Salt Lake City, Utah 84110 (801) 397-6000 (800) 922-4099 FAX (801) 397-6020	1 DATE SHIPPED _____ SHIPPER NUMBER _____ CONSIGNEE P.O. NUMBER _____	Page _____ of _____  <b>APPLY PRO LABEL HERE</b>  	
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2 CONSIGNEE (TO) COMPANY  STREET ADDRESS (MOTOR CARGO CANNOT DELIVER TO A P.O.BOX)  CITY STATE ZIP	3 SHIPPER SELECT <input type="checkbox"/> PREPAID (SHIPPER) <input type="checkbox"/> COLLECT (CONSIGNEE)  FREIGHT CHARGES ARE PREPAID UNLESS MARKED COLLECT. CHECK BOX IF COLLECT.	COMMENTS
ROUTING INSTRUCTIONS  MOTOR CARGO 		

4 SHIPPER (FROM) COMPANY  STREET ADDRESS (NOT A P.O.BOX)  CITY STATE ZIP	COMPANY  ADDRESS  CITY STATE ZIP	B I L L T O
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C.O.D. _____ (C.O.D. AMOUNT)  CONSIGNEE PHONE NUMBER _____	1. THE LETTERS C.O.D. MUST APPEAR IN THE BOX BEFORE CONSIGNEE'S NAME ABOVE. 2. SHIPPER REQUESTS C.O.D. AMOUNT IN: <input type="checkbox"/> CASHIER CHECK ONLY <input type="checkbox"/> CONSIGNEE'S CHECK "OK" 3. C.O.D. FEE TO BE <input type="checkbox"/> COLLECT (CONSIGNEE) <input type="checkbox"/> PREPAID (SHIPPER) C.O.D. FEE WILL BE COLLECT UNLESS MARKED PREPAID
REMIT C.O.D. TO: (IF DIFFERENT THAN SHIPPER ABOVE.) NAME _____ ADDRESS _____ CITY, STATE, ZIP _____	

5	NO. OF PIECES	TYPE OF PKG.	HM	6	KIND OF PACKAGING, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS (SUBJECT TO INSPECTION)	CLASS	7	WEIGHT IN LBS. (subject to correction)	RATE	CHARGES

Mark with "X" to designate hazardous Material as defined in the Department of Transportation regulations governing transportation of Hazardous Material

**NOTE (1)** Where the rate is dependent on value, shippers are required to stat specifically in writing the agreed or declared value or The proerty as follows:  
 "The agreed or declared value of the property is specifcally stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_."

**NOTE (2) Liability Limitation for loss or damage on this shipment may be applicable. See 49 USC § 14706 © (1) (A) and (B).**

**NOTE (3)** Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Sec. 2(e) or NMFC Item 360.

FOR FREIGHT COLLECT SHIPMENTS.

If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:  
  
 the carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges  
  
 \_\_\_\_\_  
 (Signature of Consignor)

RECEIVED, SUBJECT TO INDIVUALLY DETERMINED RATES OR CONTRACTS THAT HAVE BEEN AGREED UPON IN WRITING BETWEEN THE CARRIER AND SHIPPER, IF APPLICABLE, OTHERWISE TO THE RATES, CLASSIFICATIONS AND RULES THAT HAVE BEEN ESTABLISHED BY THE CARRIER AND ARE AVAILABLE TO THE SHIPPER, ON REQUEST. The property described above, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown above, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said proerty, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Bill of Lading set forth in the National Motor Freight Classification 100-X and successive issues. The shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Shipper Certification THIS IS TO CERTIFY THAT THE ABOVE-NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.	MOTOR CARGO SINGLE SHIPMENT PICK UP <input type="checkbox"/> YES <input type="checkbox"/> NO DRIVER'S SIGNATURE _____ DATE / /	NOI. OF PIECES  TIME :
8 SHIPPER'S SIGNATUREx AND DATE _____ PRINT LAST NAME _____	EMPLOYEE NUMBER _____	